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				PORTS I											
PREPARE IN QUPLICATE										DD/S&T/ORD-44					
1. TITLE OF REPORT (if a fill-in report include Form No.)										2. TYPE OF	X	STATISTI			
Statistical (Procurement Activity Report)										REPORT		NARRATIV		LISTING	
PERSONNEL						TRAINING									
B. FUNCTIONAL AREA X		x	LOGISTICS			SECURITY			OTHER (specify)						
			MEDICAL			FINANCE monthly, quarterly, etc.)			6. DISTRIBUTION (No. of components not						
4. NO. OF COPIE	S PREPARE	D	5• Fi	,		monthly, qu	uarterly, e	etc.)		umber of c			poner	nts not	
4		Monthly							FOTUE AUTHODITY DECHLOIM DEDOOT						
7. FORMAY (memorandum, form computer print-out, etc)			YES IF YES GIVE ADP PROCESSING NO.						D/Logistics						
Form O. PREPARING CO	MPONENT (incl	X ude		e I	III. FEEDER	REPORTS (State 1	total	number an	d ide	ntify by	Titl		
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TOTAL COSTS PER YEAR 13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (In addition to directive								\$159.12							
INCLUDE DAT	E REPORT V	WAS F	FIRST	STARTED .	AND COM	RT (In &ddid PONENT WHO E Provides	STABLISHED	REQUI	REMENT	•			9)•	IF KNUWN,	
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14. FUTURE GOALS										T		ESTIMATE	D SAV	INGS	
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